



www.kips.edu.pk



www.studyinpakistan.info

SIP - KIPS REGISTRATION FORM

Interested in: **MBBS**

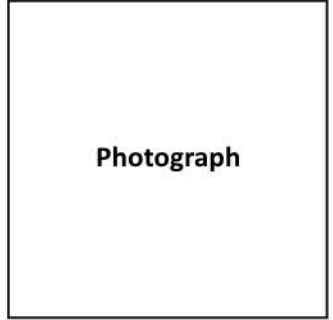
Pharm -D

Form No: SIP-KIPS/_____

(write 1,2,3,4 as per priority)

BDS

DPT



Photograph

1. Name of Student: _____ Sex: _____

2. Father's Name: _____

3. Guardian's Name: _____

4. Father's Occupaton: _____ 5. Designation: _____

6. Monthly Income: _____ 7. Cell No: _____

8. Postal Address: _____

_____ 9. Tel: _____

10. Date of Birth: - - 11. Email: _____

12. NIC # - -

13. Entry Test Marks: _____ UHS: ETEA(KPK):

14. Academic records:

Name of Qualification	Name of Institute	Marks Obtained/ Total Marks	Percentage
Matriculation			
Intermediate (Pre- Medical) or equivalent			

Test Admittance Slip (to be filled in by the office)

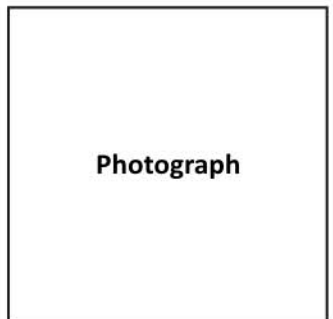
Form No: SIP-KIPS/_____

Student Name: _____

Test Date: _____ Time: _____

Place: _____

Signature: _____



Photograph